



2011 Spring Registration Form

T-Ball, Coach Pitch, Boys Baseball & Girls Softball

Sandy Parks & Recreation

Please be accurate and complete filling out this form.
Failure to do so may cause serious inconvenience or injury.

Office Use Only:

Receipt # _____

Amount Paid _____

Date Paid _____

Received by _____

Late Fee _____ Family Discount _____

Player's Name: _____ ' Male ' Female
(First name) (Last name) (Middle Initial)

Address: _____ City: _____, Utah, Zip: _____

Elementary school area: _____ School attending: _____

Birth Date: _____ Grade: _____ Age on Jan. 1, 2011: _____ Medical/Health Restrictions: _____

Father/Guardian: _____ Mother/Guardian: _____

Phone (Day): _____

(Evening): _____

(Cell): _____

Please check
ONE box for
preferred
phone number.

Phone (Day): _____

(Evening): _____

(Cell): _____

Parent's Email Address: _____ Player's years of organized experience _____

Additional person to contact in case of emergency: _____

Relationship to Player: _____ Emergency contact's phone #s: (H: _____) (C: _____)

Player would like to be on same team as: _____

- Coach of pre-formed teams of 6-12 players must complete approval form prior to registration to be placed in proper division.
- **Players wishing to play together must register together otherwise requests will be considered but not guaranteed!**
- **Late fee is \$5.00 after regular registration deadlines.** \$3.00 discount for additional children in same sport.
- Ages may be combined based on enrollments.
- Locations and game day may change based on enrollments.
- **How did you find out about this program:** website - school - mailing - brochure - email - Sandy Journal - friend - other:
Please circle or specify other: _____

Standard shirt sizing will be ordered for each age group. No refund after 1st scheduled game. \$15.00 is non-refundable

COED T-BALL Ages 4 - 5: As of January 1, 2011

Dates/Cost: Early: Jan. 3 - March 10 \$38
Regular: March 11 - 16 \$43

Locations

____ Monday Eastridge Park
____ Tuesday Buttercup/Wildflower Parks
____ Wednesday Buttercup/Wildflower Parks
____ Thursday Highpoint Park

BOYS BASEBALL Ages 7 - 12: As of January 1, 2011

Dates/Cost: Early: Jan. 3 - March 10
Regular: March 11 - 16

Early Regular

____ 8 & Under (Machine Pitch) Tues. & Thurs. \$43 \$48
Eastridge and Falcon Parks
____ 10 & Under (Player Pitch) Mon & Wed. \$48 \$53
Falcon Park
____ 12 & Under (Player Pitch) Tues. & Thurs. \$53 \$58
Falcon Park

COED COACH PITCH Ages 6 - 7: As of January 1, 2011

Dates/Cost: Early: Jan. 3 - March 10 \$38
Regular: March 11 - 16 \$43

Locations

____ Monday Buttercup/Wildflower Parks
____ Tuesday Highpoint Park
____ Wednesday Eastridge Park
____ Thursday Buttercup/Wildflower Parks

GIRLS FASTPITCH SOFTBALL Ages 7 - 18: As of January 1, 2011

Dates/Cost: Early: Jan. 3 - Feb. 23
Regular: Feb. 24 - March 3

Early Regular

____ 9 & under Tues. & Thurs. \$42 \$47
(Machine Pitch, Player Pitch, Coach Pitch)
____ 12 & Under Mon. & Wed. \$46 \$51
____ 15 & Under. Tues. & Thurs. \$46 \$51

Locations: Buttercup and/or Dewey Bluth Parks

As the parent or guardian of the above player, I consent that he/she may participate in the above marked Sandy City Program in 2011, and I state that the information contained herein is true and complete. I agree that Sandy City may restrict or prevent participation by a coach, spectator, or player at any time.

Goals: I understand that the goals and objectives of the program are based upon fun, fair play, skill development, good sportsmanship and teamwork, and hereby support those goals.

Parent/Guardian Signature _____ Date _____

Make a successful program by volunteering! I will be a:

Coach: _____ Assistant Coach: _____ Team Parent: _____
(Name) (Name) (Name)

Email address (Coach & Assistant Coach only) _____

(Please print)

Sandy City 2011 Spring Sports
Girls Softball, Boys Baseball, Coed T-Ball, & Coed Coach Pitch
INFORMED CONSENT AND AUTHORIZATION

The undersigned, as the parent or guardian of _____ agrees to allow my child to participate in the program/activity checked and described below:

- | | | |
|--------------------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> GIRLS SOFTBALL | Ages 7 - 18 as of January 1, 2011 | Runs approximately March 29 – June 12 |
| <input type="checkbox"/> BOYS BASEBALL | Ages 7 - 12 as of January 1, 2011 | Runs approximately April 4 – June 12 |
| <input type="checkbox"/> COED T-BALL/COACH PITCH | Ages 4 - 7 as of January 1, 2011 | Runs approximately April 4 – June 12 |

Program / Activity Description

The Sandy City Spring Sports Program utilizes Sandy City Fields. Games are played on weeknights. Participation in the Spring Sports program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may include: hit by a bat, hit by a thrown or batted ball, sliding, collision with players or fences and (1) minor injuries such as a sunburn, windburn, scratches, bruises, blisters, and sprains; (2) major injuries, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones (3) catastrophic injuries as well as paralysis and death. Transportation to and from practices and games is the responsibility of the parent or guardian.

I recognize that the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

____ Please initial here

Emergency Medical Care Authorization

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./paramedic/physician, such treatment is necessary.

Name of Child _____ Age: _____

Health Insurance Carrier: _____

(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

Medical Restrictions on Player's Participation: _____

____ Please initial here

Media Release

I give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official Sandy City publicity, such as Sandy City Internet web site, publications, displays and presentations.

____ Please initial here

I have carefully read and understand the contents of this document and I specifically intend to cover my child's insurance needs for the above-referenced program/activity. I have read and agree to the above 3 sections. Please initial each line above.

Name of Parent or Legal Guardian: _____ **Signature:** _____
(Please print)

~Please fill out and sign registration form on reverse side~